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Bib Data Sheet

CONFIRMATION NO. 1372

SERIAL NUMBER 10/604,373	FILING DATE 07/15/2003 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. FIS920020113
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APPLICANTS

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** CONTINUING DATA ***** *none* *my d*

** FOREIGN APPLICATIONS ***** *none* *my d*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 15	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* Initials *[Initials]*

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TITLE
 GENERATING MASK PATTERNS FOR ALTERNATING PHASE-SHIFT MASK LITHOGRAPHY

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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